

ANDREW M. CUOMO Governor ANTHONY J. ANNUCCI Acting Commissioner

## ATTACHMENT 12 Cost Proposal - RFP #2020-16

The bid price is to cover the cost of furnishing all of the said services in the RFP and Scope of Work (Section 4.0), including but not limited to travel (Section 5.4), materials, equipment (Section 4.6), overhead, profit and labor to the satisfaction of the Department of Corrections and Community Supervision and the performance of all work set forth in said specifications. Payment is conditional upon DOCCS acceptance of each billed deliverable including any reports. See Section 5.4 Payment and 6.3 Cost Proposal of RFP #2020-16 for more information.

Bidders must submit a completed cost proposal.

Bidders must not include any additional qualifiers/proposals/cost evaluations/etc. to their Cost Proposal. DOCCS will only evaluate this Attachment (Attachment 12: Cost Proposal) when scoring.

## **Cost Proposal**:

SERVICES	Bid
DELIVERABLE 1: Laboratory Fees (Per Section 6.3.1 of RFP)	Indicate bid percentage of the prevailing Medicaid Fee Schedule:
A percentage (%) of the prevailing Medicaid Fee Schedule to be applied to the corresponding laboratory test code.	% X
	*Estimated DOCCS Annual Medicaid Spending of \$7,550,000.00=
	\$(A)
DELIVERABLE 2: DNA Sample Collection (Per Section 6.3.2 of RFP)	Indicate bid price (in whole dollars):
Price for each DNA sample collected by the phlebotomist.	\$X
	**Estimated Annual of 3,100 draws=
	\$(B)
Total bid price (for one year): A + B = C	\$(C)
*Estimated annual Medicaid spending only. Actuals may be higher or lower. Payment will be made on actuals only. **Estimated annual DNA draws only. Actuals may be higher or lower. Payment will be made on actuals only.	
By signing this Cost Proposal Form, the bidder agrees that the prices above are binding for 90 days from the proposal due date.	
Bidder's Authorized Signature	Date
Print Name and Title	